PTO/SB/21 (09-04) /
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/613.888 TRANSMITTAL Filing Date JULY 2, 2003 First Named Inventor **FORM** DIANE M. IANNUZZI Art Unit 1731 **Examiner Name** DIONNE WALLS MAYES (to be used for all correspondence after initial filing)

Tot	al Number of Pages in This Submission	9	Attorney Docket Number	040417	(formerly	y 1940.1	-1)		
ENCLOSURES (Check all that apply)									
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ferminal Disclaimer Request for Refund		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Appe of Ap Appe (Appe Propi Statu Other	Allowance Communication to TC all Communication to Board peals and Interferences al Communication to TC pal Notice, Brief, Reply Brief) rietary Information s Letter Enclosure(s) (please Identify v): eipt Postcard		
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Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remar	<u>ks</u>						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm N	Firm Name CHARMASSON, BUCHACA & LEACH, LLP								
Signatu	Signature Q/								
Printed name JOHN D. BUCHACA									
Date FEBRUARY 15, 2006				Reg. No.	37,289				
CERTIFICATE OF TRANSMISSION/MAILING									
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Typed o	or printed name JOHN D. BUCI	HACA				Date	FEBRUARY 15, 2006		

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Under the Pagentific Reduction Act of 1995 no persons are required to respond to a collection of information unities. Idaptility and the Consoldated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Application Type Fee (s) Fee	FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 265.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Nor Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is her Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fe under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public. Credit card information on this form may become public.	Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No. Deposit Account Name Teby authorized to: (check of the count of t	Complete if Known 10/613,888 JULY 2, 2003 DIANE M. IANNUZZI DIONNE WALLS MAYES 1731 040417 (formerly 1940.1-1) entify): ame: all that apply) indicated below, except for the filing feerpayments luded on this form. Provide credit card							
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing surcharge): TERMINAL DISCLAIMER 65.00	liscount)									

SUBMITTED BY		
Signature Signature	Registration No. (Attorney/Agent) 37,289	Telephone 619-294-2922
Name (Print/Type) JOHN D. BUCHACA		Date FEBRUARY 15, 2006

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